

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22899

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Hickman St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hickman St 1</u>		d. STREET ADDRESS <u>Hickman St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Ann</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 5 1881</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Luke Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Sullivan</u>	
14. NAME OF HUSBAND OR WIFE <u>John L. Davis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-24-7178</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Davis</u> ADDRESS <u>Glasgow Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Deletate</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Degenerative</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11272</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.	
23a. SIGNATURE <u>M. L. Diebraegu M.D.</u> (Degree or title)		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>7/19/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Lamine</u>	
24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jul 19-49</u>	
REGISTRAR'S SIGNATURE <u>D. Hooper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Oubley</u> ADDRESS <u>Sumner Glasgow Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 25

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-26-49

1949 FEB 19 1950

FEB 7 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Ell Freeman*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.